



**CIRCUIT CLERK**  
**35th JUDICIAL CIRCUIT**  
Conecuh County, Alabama  
(251) 578-2066

George Hendrix  
Clerk, Circuit Court

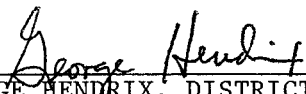
P.O. Box 107  
Evergreen, Alabama 36401

JULY 18, 2006

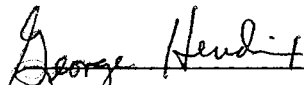
TO WHOM IT MAY CONCERN:

REF: GCFA VS: JAMES D. MCCANTS - SM-96-324

I, GEORGE HENDRIX, CLERK OF THE DISTRICT COURT OF CONECUH COUNTY DO HEREBY CERTIFY  
THAT ALL THE ATTACHED ARE TRUE AND CORRECT COPIES AS FILED IN MY OFFICE.  
DATED THIS THE 18TH DAY OF JULY, 2006.

  
\_\_\_\_\_  
GEORGE HENDRIX, DISTRICT CLERK

RECEIVED \$13.50 FOR COPIES.

  
\_\_\_\_\_  
CLERK

12-8-96 - Interrogation to Day. filed. Served 1-14-97

ALABAMA JUDICIAL DATA CENTER  
CONECUH COUNTY

2109

## ORDER FOR SERVICE AND RETURN

SM 96 000324.00  
JEFFERY T BROCK

IN THE DISTRICT COURT OF CONECUH COUNTY

GCFA, INC VS JAMES DERRICK MCCANTS

SERVE ON: D001

MCCANTS JAMES DERRICK  
RT 1 BOX 152-A

REPTON , AL 36475-0000



## NOTES:

STATEMENT CLAIM

TO ANY SHERIFF OR ANY AUTHORIZED AGENT:  
 YOU ARE HEREBY ORDERED TO DELIVER THE ATTACHED DOCUMENT  
 TO THE ABOVE NAMED PERSON AT THE ADDRESS INDICATED.

08/08/96 DATE

CLERK: RILEY JEAN E  
 PO BOX 107  
 EVERGREEN AL 36401  
 (334) 578-2066

BY: GA

I HEREBY CERTIFY THAT I PERSONALLY DELIVERED A COPY OF THE ATTACHED  
 DOCUMENT IN Conecuh COUNTY, ALABAMA  
 TO:

James Derrick McCants Frank Shaver 2109  
 SIGNATURE OF SERVER

NAME / ADDRESS ABOVE

DATE

9-9-96

OPERATOR: PAW  
 PREPARED: 08/08/96

IN THE SMALL CLAIMS COURT OF CONECUH COUNTY, ALABAMA

GCFA, INC

Plaintiff,

vs.

CASE NUMBER: SM-96-324

JAMES DERRICK MCCANTS

Defendant,

NOTICE TO EACH DEFENDANT READ CAREFULLY

YOU ARE BEING SUED IN THE SMALL CLAIMS COURT BY THE PLAINTIFF(S) SHOWN ABOVE. THE JUDGE HAS NOT YET MADE ANY DECISION IN THIS CASE, AND YOU HAVE THE RIGHT TO A TRIAL TO TELL YOUR SIDE.

HOWEVER, IF YOU, OR YOUR LAWYER, FAIL TO FILL OUT THE ENCLOSED ANSWER FORM AND DELIVER OR MAIL IT TO THE CLERK AT THE ADDRESS SHOWN BELOW, SO THAT IT WILL GET TO THE CLERK'S OFFICE WITHIN FOURTEEN (14) DAYS AFTER YOU RECEIVE THESE PAPERS, A JUDGMENT CAN BE TAKEN AGAINST YOU. ONCE A JUDGMENT HAS BEEN ENTERED AGAINST YOU, YOUR PAYCHECK CAN BE GARNISHED AND/OR YOUR HOME OR PROPERTY SOLD TO SATISFY THAT JUDGEMENT.

COMPLAINT

Defendant owes the Plaintiff the sum of \$546.50 due by open account and/or account stated. This suit is filed on an itemized verified statement of account which is filed herein.

WHEREFORE, Plaintiff demands judgment against the Defendant for the sum of \$546.50 and costs of court.

NOTE: The total amount of court costs may be more than this amount when the case is finally settled. The Clerk will inform you of any additional costs at the close of the case.

~~BARRY A. FRIEDMAN~~  
REID, FRIEDMAN, PERLOFF & ROSS, PC  
Attorneys for Plaintiff  
257 St Anthony Street  
Post Office Box 2394  
Mobile, Alabama 36652  
Telephone: 334/439-7406

SERVE THE DEFENDANT:

Rt 1 Box 152 A, Repton, Alabama 36475  
or c/o Chick-a-Dee, Highway 21 South, Monroeville, Ala. 36460  
or c/o

SERVICE TO BE PERFECTED BY: CONECUH COUNTY SHERIFF'S DEPT.

96000653

FRI011

THIS IS AN ATTEMPT TO COLLECT A DEBT, AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

13445

## STATEMENT OF ACCOUNT

Creditor: GCFA, INC  
 Debtor: JAMES DERRICK MCCANTS  
 Address: Rt 1 Box 152 A Repton, Alabama 36475  
 Social Security Number: 419-25-5995  
 Phone: 334/765-2788  
 Employment: Chick-a-Dee Highway 21 South Monroeville, Ala. 36460

Professional Services Rendered on Account \$546.50 ✓

STATE OF ALABAMA  
 COUNTY OF MOBILE

## ASSIGNMENT OF CLAIM

The undersigned Assignor, Monroe County Hospital, for and in consideration of the sum of ONE (\$1.00) DOLLAR, and other good and valuable consideration, hereby acknowledge to have been paid, does hereby assign, transfer and set over to GCFA, INC, as Assignee, a claim of the undersigned Assignor does further grant full authority to said Assignee to collect, sue for and/or do any and all other legal and proper acts to enforce collection thereof in its own name, as Assignee.

Dated this 15 day of April, 1996.

X BY: Monroe County Hospital  
 X ITS: Business Office Manager

## SWORN STATEMENT OF ACCOUNT

STATE OF ALABAMA  
 COUNTY OF MOBILE

The undersigned, being duly sworn, deposes and says: I am authorized to make this affidavit on behalf of the creditor whose account is attached hereto; the books and records of said creditor were maintained under my supervision and control; I am familiar with the books and accounts of said creditor and the attached itemized account is, to best of my knowledge, information and belief, true and correct; all credits which to the account debtor is entitled are reflected thereon; and the balance shown to be due thereon is due and unpaid.

GCFA, INC

BY: [Signature]

ITS: [Signature]

Subscribed and sworn to before me, this 29th day of April, 1996.

Gloria A. Hudson  
 Notary Public Notary Public, State at Large  
 RW My Commission Expires 1/27/97

88/23771

96000653

THIS IS AN ATTEMPT TO COLLECT A DEBT, AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

# 366193

MONROE COUNTY HOSPITAL  
PATIENT ACCOUNT DETAIL 366193 MCCANTS JAMES DERRICK

PAGE 1  
H5ARDET

366193 MCCANTS JAMES DERRICK  
M  
04/15/1970  
001275 BERRYMAN C  
S  
419255995

## BILLING INFORMATION-----

16 CREDIT----: HOSP DRG.:  
17 BILL-----: FINAL DRG.:  
18 CYCLE-----: 3  
19 STAY TYPE-: 3 E.R.  
20 SERVICE---: M  
21 INSURANCE-: P PRIVATE PAY

NAME-----: MCCANTS JAMES DERRICK  
ADDRESS-1: RT 1 BOX 152A  
ADDRESS-2:  
CITY/ST--: REPTON AL  
ZIP-----: 36475  
PHONE-----: 2057652788

## ADMISSION-----

22 DATE-----: 11/03/94  
23 CODE-----: E

## DISCHARGE-----

25 DATE-----: 11/03/94 DAY STAY  
26 CODE-----: H

A/R DATE	SERV DATE	TYPE TRAN	CHG/REC CODE NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT
11/02/94		CHG	45 43610138	1 NS 1000 CC	31.25		J7030
11/02/94		CHG	45 43610138	1 NS 1000 CC	31.25		J7030
11/02/94		CHG	45 43610286	1 EXTENSION SET	8.50		A4649
11/02/94		CHG	45 43610773	1 PRIMARY SET WO/FILTER	28.50		A4649
11/02/94		CHG	43 43610179	1 JELCO 18 GA	10.50		
11/02/94		CHG	45 43610245	1 IV START PACK	10.00		A4649
11/03/94		CHG	73 42410092	1 CHEST 2 VIEWS	76.00		71020
11/03/94		CHG	78 43323385	1 COMPAZINE 5MG/ML 2ML INJ (PROCHLORP	28.00		Z0370
11/03/94		CHG	55 40230468	1 PT	34.50		85610
11/03/94		CHG	55 40230476	1 PTT	34.50		85730
11/03/94		CHG	55 40300295	1 *VENIPUNCTURE	7.00		G0001
11/03/94		CHG	55 40290017	1 *STAT CHARGE	18.00		99050
11/03/94		CHG	55 40220022	1 CHEM 7	99.50		80007
11/03/94		CHG	55 40230401	1 CBC	24.50		85025
11/03/94		CHG	55 40300402	1 .CBC-HEMOGRAM	24.50		85024
11/03/94		CHG	46 38510186	1 ER LEVEL 4	80.00		99282
11/09/94		NOTE	S	STATEMENT-1 11/06/94			
12/07/94		NOTE	S	STATEMENT-C 12/04/94			
01/05/95		NOTE	S	STATEMENT-C 01/01/95			
02/01/95		NOTE	S	STATEMENT-C 01/29/95			
03/01/95		NOTE	S	LETTER-L1 02/26/95			
03/29/95		NOTE	S	LETTER-L2 03/26/95			
04/06/95		CHG	WO 99001	1 BAD DEBT WRITE-OFF		-546.50	

BAD DEBT BALANCE.....546.50

AR BALANCE.....0.00

MONROE COUNTY HOSPITAL  
PATIENT ACCOUNT DETAIL 366193 MCCANTS JAMES DERRICK

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H5ARDET

## \*\*\*\*\* CHARGE SUMMARY \*\*\*\*\*

DESCRIPTION	AMOUNT	DAYS	DAYS MED- NECESSARY	UNITS
CENTRAL SUPPLIES NON-STERILE	10.50			1.00
IV SOLUTIONS	109.50			5.00
EMERGENCY ROOM	80.00			1.00
LABORATORY	242.50			7.00
RADIOLOGY	76.00			1.00
PHARMACY	28.00			1.00
BAD DEBT WRITE OFF	546.50CR			1.00
TOTAL CHARGES.....0.00				
TOTAL ADJUSTMENTS.....0.00				
LESS PAYMENTS.....0.00				
AR BALANCE.....0.00				
BAD DEBT BALANCE.....546.50				

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Alabama  
Judicial System

Rev 6/88

## NOTICE OF JUDGMENT

Case Number

SM 96 324

SMALL CLAIMS

COURT OF

CONECUH

COUNTY

**Plaintiff** GCFA, INC  
BARRY A FRIEDMAN  
**Address:** Post Office Box 2394  
Mobile, Alabama 36652

**Attorney:**

v.

**Defendant** JAMES DERRICK MCCANTS  
RT 1 Box 152-A  
**Address:** Repton, Alabama 36475

**Attorney:****Judgment Date** 9-30-96**Judgment** \$ 546.50**Costs** \$ 27.00**Other:** \$**Total** \$ 573.50**Judgment Rendered in Favor of:**☒ Plaintiff☐ Defendant**Judgment:**☒ Default☐ Dismissal☐ Detinue☐ Other☐ Consent☐ Workmen's Comp.☐ Unlawful Detainer

(Give details below)

**Judgment Conditions:**
☐ With Waiver of Exemptions  
☐ With Prejudice

☒ Without Waiver of Exemptions  
☐ Without Prejudice

  
 Judge/Clerk/Register
**Certified As A True Copy:**

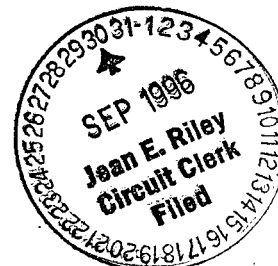
Clerk/Register

By: \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE:**

If you disagree with this Judgment (decision), you can appeal by filing a "Notice of Appeal" Form with the clerk of this court within 14 days after the date of this Judgment. See the clerk for further information.



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COURT COPY: Original

PLAINTIFF: Copy

DEFENDANT: Copy